

FILED MAR 22 '950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7955

BIRTH NO. _____		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 3011		Registrar's No. 142	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		0171	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 S. Kinsey</u>				d. STREET ADDRESS (If rural, give location) <u>215 S. Kinsey</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN HENRY HARRISON</u>		a. (First) <u>JOHN</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HARRISON</u>		4. DATE OF DEATH <u>March 13, 1950</u>		(Month) (Day) (Year)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 15, 1883</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>E. J. Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Emmelina Holt</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Wiley, Carrollton Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mitral insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>592X</u> <u>6 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 5, 1950</u> to <u>Mar. 13, 1950</u> , that I last saw the deceased alive on <u>Mar. 13, 1950</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Hamilton Staten, M.D.</u>		23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>Mar 14, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gilead Cem.</u>		24d. LOCATION (City, town, or county) <u>Carroll County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/15/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley & Gibson</u>		ADDRESS <u>Carrollton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 20
District Health Officer No. 8,

District File Number _____

Date Filed 3-21-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William R. Koch

Signed
Student Embalmer

Licensed Embalmer No. 4751

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.